

**See reverse side for Instructions.
Please type or print clearly. Press Hard.**

57343

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number 015-001836

GENERATOR (Generator Must Complete)		3 Designated TSD Facility (Authorized to operate under an approved state program or federal program)		4 Alternate TSD Facility		SFUND RECORDS CTR 999000871	
2 Name <u>ALUMINUM CO OF AMERICA</u>		Name <u>OPERATING INC</u>		Name <u>RETURN</u>			
EPA NO. <u>CAD074126681</u>		EPA NO. <u>CRD080012024</u>		EPA NO. <u></u>			
Address <u>5151 PLACER INC</u>		Address <u>900 POTERO GRANDE</u>		Address <u></u>			
City, State, Zip <u>VERNON 90055</u>		City, State, Zip <u>MONTEREY PARK</u>		City, State, Zip <u></u>			
5 U.S. DOT PROPER SHIPPING NAME		U.S. DOT HAZARD CLASS		UN/NA ID NO.		WEIGHT OR VOLUME	
WASTE							
WASTE							
						CONTAINERS NUMBER:	
						TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS	
						<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK	
						<input type="checkbox"/> OTHER	
6 WASTE CATEGORY <u>#7</u>		7 EX. HAZ. WASTE PERMIT NO. <u></u>		8 GENERATING PROCESS <u>FABRICATOR</u>			
LIST COMPONENTS:		CONC. UPPER		RANGE LOWER		UNITS	
9 A. <u></u>						<input type="checkbox"/> % <input type="checkbox"/> ppm.	
B. <u></u>						<input type="checkbox"/> % <input type="checkbox"/> ppm.	
C. <u></u>						<input type="checkbox"/> % <input type="checkbox"/> ppm.	
D. <u></u>						<input type="checkbox"/> % <input type="checkbox"/> ppm.	
10 WASTE PROPERTIES: pH <u>7</u>		<input type="checkbox"/> Toxic		<input type="checkbox"/> Flammable		<input type="checkbox"/> Corrosive/Irritant	
11 PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas		<input type="checkbox"/> Other <u>ALUMINUM OXIDES, WATER</u>		<input type="checkbox"/> Reactive		<input type="checkbox"/> Sensitizer	
12 SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other <u></u>		<input type="checkbox"/> Non Hazardous Material <u>100</u> %		<input type="checkbox"/> Carcinogen/Mutagen			
GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.							
IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802				13 <u>K. Gump</u>		2-13-81	
				Signature of Authorized Agent and Title		Date Shipped	
TRANSPORTER (HAULER MUST COMPLETE)							
14 NAME <u>ASBURY OIL CO.</u>				15 PICK-UP DATE <u>2-13-81</u>			
EPA NO. <u>CAD028277036</u>				TIME <u>11:00</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM			
ADDRESS <u>13419 Halldale Avenue</u>				16 <u>Ube</u>			
PHONE NO. <u>(213) 321-1392</u>				Signature of Authorized Agent and Title			
CITY, STATE, ZIP <u>Gardena, California 90249</u>				2-13-81			
				Date			
TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)							
17 NAME <u>OPERATING INC.</u>				18 QUANTITY (If Measured) <u>100</u>			
EPA NO. <u>CAFD80012024</u>				19 STATE FEE (If Any) <u></u>			
PHONE NO. <u></u>				20 HANDLING OR DISPOSAL METHOD:			
20 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: <u></u>				<input type="checkbox"/> Surface Impoundment <input type="checkbox"/> Landfill			
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: <u></u>				<input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment			
22 NAME <u></u>				<input type="checkbox"/> Treatment (Specify) <u></u>			
EPA NO. <u></u>				<input type="checkbox"/> Recovery for Reuse <input type="checkbox"/> Storage/Transfer			
23 <u></u>				2-13-81			
				Signature of Authorized Agent and Title			
				Date Accepted			

ORIGINAL